

WDN/AAR:iar 3/19/04 263038  
Attorney Reference Number 899-68196  
PATENT

EXPRESS MAIL LABEL NO. EV331580935US  
DATE OF DEPOSIT: March 19, 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP PATENT APPLICATION  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

19270 U.S. PTO  
10/805139  
031904

**Transmitted herewith for filing is the continuing patent application of:**

**Inventor:** Bruce G. Gold

**For:** COMPOSITIONS AND METHODS FOR PROMOTING NERVE REGENERATION

**Enclosed are:**

- ☒ 58 pages of specification, and 7 pages of claims
- ☒ 12 sheet(s) of drawings.
- ☒ 3 pages of an Oath or Declaration
  - ☒ A copy of oath or declaration filed with the prior application (37 C.F.R. § 1.63(d))
- ☒ An assignment of the invention to: Oregon Health & Science University, a Recordation Cover Sheet, and the Recordal fee of \$40.00.
- ☒ Preliminary Amendment
- ☒ Information Disclosure Statement.
- ☒ Form PTO-1449
- ☒ Associate Power of Attorney (37 C.F.R. § 1.34)

**Continuing Application:**

- ☐ Continuation
- ☒ Divisional
- ☐ Continuation-in-part (CIP)

**Information from Prior Application:**

Prior Application Number: 10/030,904  
Examiner: Vickie Kim  
Art Unit: 1614

Prior Application Number: PCT/US00/18539

Prior Application Number: 60/143,180

- ☒ Please enter the preliminary amendment prior to calculation of fees. The fee has been calculated as shown in the table below.


| FILING FEE                   |        |          |        |          |           |
|------------------------------|--------|----------|--------|----------|-----------|
|                              | Claims | Number   | Number |          | Basic Fee |
| For                          | Filed  | Allotted | Extra  | Rate     | \$385.00  |
| Total Claims                 | 40     | 20       | = 20   | \$9.00   | \$ 180.00 |
| Independent Claims           | 2      | 3        | = 0    | \$43.00  | \$ 0.00   |
| Multiple Dependent Claim Fee |        |          |        | \$145.00 |           |
| TOTAL FILING FEE             |        |          |        |          | \$565.00  |

- ☒ Small entity status is claimed for this application.
- ☒ Please charge our Deposit Account No. 02-4550 in the amount of \$605.00. This sheet is submitted in **triplicate**.
- ☒ Assignee for this application is or will be Oregon Health & Science University, and applicant requests that this information be listed on the published application.
- ☒ The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference herein.
- ☒ Address all correspondence to the address associated with  
**CUSTOMER NUMBER 24197**
- ☒ The Director is hereby authorized to charge any additional fees which may be required in connection with the filing of this application and recording any assignment filed herewith, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By

  
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Docketing